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## MISSION TRAILS REGIONAL PARK CITIZENS' ADVISORY COMMITTEE **PUBLIC SERVICE APPLICATION**

Thank you for your interest in serving the community as a member of the Mission Trails Regional Park Citizens' Advisory Committee.

Name: Date:			
The Mission Trails Regional Park is under the jurisdiction of the City of San Diego. There are nine (9) affected major community planning areas bordering the park, including the City of El Cajon. The Mission Trails Regional Park Citizen Advisory Committee was established to allow representation by each of these agencies as a means for arriving at consensus recommendations impacting the park and the surrounding agencies.			
Requirements to serve on the Mission Trails Regional Park Citizen Advisory Committee:			
<ul> <li>Reside in the city limits of El Cajon;</li> </ul>			
<ul> <li>General knowledge of parks would be helpful but not necessarily mandatory;</li> </ul>			
<ul> <li>Have an interest in the use and maintenance of Mission Trails Park;</li> </ul>			
<ul> <li>Be able to work with other members of the committee, the general public, and park affiliated agencies.</li> </ul>			
Are you a resident of the City of El Cajon? Yes $\square$ No $\square$			
How long have you lived in El Cajon? San Diego County?			
Are you available for meetings in the: Mornings $\square$ Evenings $\square$ Both $\square$			

APPLICATIONS ARE ACCEPTED ON AN ONGOING BASIS UNTIL A SEAT IS AVAILABLE.

**NOTE:** Once a public service application is filed with the City, it becomes a public record and is available to the public.

Applicant's Nai	me:

## **GENERAL INFORMATION**

## **Term of Office & Position Type:**

The term of office will begin upon appointment and continue until the end of the original twoyear term, January 31, 2024.

	APPLICANT INFORMATION
NAME:	
ADDRESS:	
PHONE:	EMAIL:
If you choose to provide mo additional pages to this app	re information to any of the following questionnaires, please attach plication form.
	SUPPLEMENTAL QUESTIONNAIRE
EXPLAIN YOUR INTERES	T IN THIS POSITION:

Have you been or are you now a member of a governmental board, commission or committee: Yes No No If you please list:
If yes, please list:
Are you related to any employees of the City of El Cajon? Yes No
If yes, please indicate name and relationship:
Are you a registered voter? Yes No
If no, please explain:

to this position	ur education, train	mg, or special qual		ine be relevant
	our membership in		y organizations, or v	olunteer work
that might be	e relevant to this po	osition:		
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EMPLOYMENT – CURRENT TO PAST			
Name of Employer:			
Last job title:			
Dates of Employment:	From:	То:	
List the duties performed while	you worked at this compa	ny:	
Name of Employees			
Name of Employer:			
Last job title:			
	From:	То:	
Last job title:			
Last job title: Dates of Employment:			
Last job title: Dates of Employment:			
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Name of Employer:			
Last job title:			
Dates of Employment:	From:	То:	
List the duties performed while you worked at this company:			
I	ELIGIBILITY CERTIFICATION		
By signing below, I	, certify that the ir	nformation is true and correct	
to the best of my knowledge.			
SIGNATURE	DATE _		

## Please submit the signed application by mail or in person.

Mail to: City Clerk's Office, 200 Civic Center Way, El Cajon, CA 92020

Your application for the Mission Trails Regional Park Citizens' Advisory Committee will remain on file until an open seat/position is available, at which point you will be contacted with information regarding the interview process.